

## 2700 INTERNAL TRANSFER REQUEST FOR S.N.

10/016,861

|  |                        |
|--|------------------------|
| DATE: 3/2/02   | FROM: Lee (print name) |
| REASON(S):   |                        |
| A. You had Parent <input type="checkbox"/> (check box) |                        |
| B. See Title <input type="checkbox"/> (check box)      |                        |
| C. See Abstract <input type="checkbox"/> (check box)   |                        |
| D. See Claim(s): <input type="checkbox"/> (check box)  |                        |
| FORWARD TO:  |                        |
| A. Art Unit: 2152                                      |                        |
| B. Class: 709  |                        |
| C Subclass: 223  |                        |

## FURTHER EXPLANATION IF NEEDED:

session connection (w) network monitoring

|  |                          |
|--|--------------------------|
| DATE: _____  | FROM: _____ (print name) |
| REASON(S):   |                          |
| A. You had Parent <input type="checkbox"/> (check box) |                          |
| B. See Title <input type="checkbox"/> (check box)      |                          |
| C. See Abstract <input type="checkbox"/> (check box)   |                          |
| D. See Claim(s): _____                                 |                          |
| FORWARD TO:  |                          |
| A. Art Unit: _____                                     |                          |
| B. Class: _____  |                          |
| C Subclass: _____                                      |                          |

## FURTHER EXPLANATION IF NEEDED:

|  |                          |
|--|--------------------------|
| DATE: _____  | FROM: _____ (print name) |
| REASON(S):   |                          |
| A. You had Parent <input type="checkbox"/> (check box) |                          |
| B. See Title <input type="checkbox"/> (check box)      |                          |
| C. See Abstract <input type="checkbox"/> (check box)   |                          |
| D. See Claim(s): _____                                 |                          |
| FORWARD TO CLASSIFIER                                  |                          |
| [REDACTED]   |                          |

## FURTHER EXPLANATION IF NEEDED:

## DISPOSITION BY 2700 CLASSIFICATION

|  |                   |
|--|-------------------|
| DATE: _____  | CLASSIFIER: _____ |
| REASON(S):   |                   |
| A. You had Parent <input type="checkbox"/> (check box) |                   |
| B. See Title <input type="checkbox"/> (check box)      |                   |
| C. See Abstract <input type="checkbox"/> (check box)   |                   |
| D. See Claim(s): _____                                 |                   |
| FORWARD TO:  |                   |
| A. Art Unit: _____                                     |                   |
| B. Class: _____  |                   |
| C Subclass: _____                                      |                   |

## FURTHER EXPLANATION IF NEEDED: